CITY OF RALEIGH VENDOR/SUPPLIER INFORMATION FORM

www.raleighnc.gov

To: All Vendors/Suppliers

In order to become or remain an active vendor/supplier with the City of Raleigh, the following Vendor/Supplier Information Form and Substitute W-9 must be completed and returned to the City of Raleigh, Purchasing Division, PO Box 590, Raleigh NC 27602-0590. Current information is required for the City's financial system that will enhance our ability to process City purchases of goods and services. If we do not receive this form back, we will assume that you do not desire to continue inclusion on the City of Raleigh's vendor and bidder's list.

For your information, please note the following:

- 1. The City of Raleigh uses a purchase order system and procurement cards to initiate orders. If you do not have an authorized purchase order or a valid procurement card from the City of Raleigh, then you do not have a valid order, and the City of Raleigh is not responsible for payment.
- 2. The City uses ENI's online bidding system for most of our formal bids for the purchase of apparatus, supplies, materials, or equipment. See www.raleighnc.gov/vendor to obtain more information and to register to receive bid notifications via email.
- 3. The City of Raleigh requests that all deliveries be shipped FOB Destination or that freight charges be prepaid and added to the invoice. All invoices reflecting freight charges must have a copy of the actual freight invoice attached.
- 4. The City of Raleigh pays North Carolina sales and use tax and is not tax-exempt. These taxes, when applicable, should be included on your invoice.
- 5. The City of Raleigh payment terms are Net 30 Days from the date of receipt of invoice, unless any available discounts are indicated on the invoice.
- 6. Original invoices must be mailed to the City of Raleigh, Accounting Division, Room 512, PO Box 590, Raleigh NC 27602-0590. Do not send original invoices with deliveries or give to City employees.
- 7. If you have any questions concerning invoices or payments, please call the City of Raleigh Accounting Division at 919-890-3210.
- 8. For Minority and Women Business Enterprise (MWBE) certification information, contact City of Raleigh, Administrative Services Department, PO Box 590, Raleigh NC 27602-0590, or call 919-890-3840.
- 9. Any vendors/suppliers needing assistance in responding to City of Raleigh bids or in providing quotations for goods and services should contact the Purchasing Division at 919-890-3240.

If you have any questions about this form, please contact the City of Raleigh Purchasing Division by phone at 919-890-3240 or by fax at 919-890-3214.

Please return the following form within 14 days to:

City of Raleigh
Purchasing Division
222 W. Hargett St., Room 508
PO Box 590
Raleigh NC 27602-0590

CITY OF RALEIGH TERMS AND CONDITIONS

The below terms and conditions apply to all purchases made by the City of Raleigh and must be considered as part of the bid proposal.

- 1. Important: All invoices and packages must bear this Purchase Order Number on the outside of the package or shipping container(s).
- 2. Mail or deliver all invoices to the "City of Raleigh, Accounting Division, PO Box 590, Raleigh, North Carolina, 27602."
- 3. Invoices for partial deliveries must be indicated as such.
- 4. The vendor must provide separate invoices for each Purchase Order number.
- 5. North Carolina State Sales Tax, Wake County Sales Tax, and Wake County Prepared Meals and Hotel Room Taxes: These taxes must be invoiced to the City for payment.
- 6. The City of Raleigh is exempt from Federal Excise Tax. If any form of such tax is billed on the invoice, it must be shown as a separate item. Tax Exemption Certificates will be furnished upon request.
- 7. Cash discounts will be deducted as provided for on the front of this Purchase Order, or in accordance with the terms of your official quotation or bid. **Net purchases will be paid 30 days from the date of your invoice.**
- 8. The City of Raleigh will not be responsible for any goods delivered without a purchase order having been issued.
- 9. The conditions of this order cannot be modified except by written amendment in the form of "Corrected Purchase Order," which has been approved by the City of Raleigh's Purchasing Manager.
- 10. Any rejected materials will be returned to the vendor at the vendor's risk and expense.
- 11. In the event of a vendor's failure to deliver or perform as specified, the City reserves the right to cancel the order or any part thereof, without prejudice to its other rights. The vendor agrees that the City may return part of all of any shipment and may charge the vendor with all reasonable losses or expenses sustained as a result of such failure to deliver or perform.
- 12. In case of default of the contractor, the City may procure the articles or services from other sources and charge the contractor damages for any excess costs or other damages caused by the default.
- 13. It is agreed that the goods, materials, equipment or services provided shall comply with all Federal, State or local laws, and that the vendor shall defend actions or claims brought, and save harmless the City, and/or its officials or employees, from loss, cost or damage by reason of actual or alleged failure to comply with such laws.
- 14. All prices must be F.O.B. and delivered to the destinations indicated on the front of the purchase order. Where specific purchase is quoted or negotiated F.O.B. shipping point, the vendor is to prepay the shipping charges and add them to the invoice.
- 15. The risk of loss and damage to the goods which are the subject of this order shall be the vendor's until the goods are delivered to the destination set out in the order and accepted by the purchaser or its representative.
- 16. The vendor acknowledges that it is the policy of the City of Raleigh to avoid commercial promotion of products used by the City or the vendors of such products. The vendor accordingly agrees not to solicit, use, or disseminate commercial advertisement founded upon the City's purchase and/or use of the goods which are the subject of this order, and specifically agrees not to seek or use for advertising purposes the endorsement of goods or products by City officers or employees.
- 17. The City may, at any time, insist upon strict compliance with these terms and conditions, notwithstanding any previous customer, practice or course of dealing to the contrary. Acceptance of the order includes acceptance of all terms, conditions, prices, delivery instructions and specifications as shown on this order or attached to and made a part of this order.

Vendor/Supplier Information Form And Substitute W-9 Request for Taxpayer Identification Number and Certification

Please complete all appropriate spaces. Print legibly in ink or type. Return this completed form to the address on the front page within 14 days.

Company Name:			
OR Last:			Middle:
Type or Organization: Corporation Partnership	☐ Proprietorship	o 🔲 Individual	☐ Other
Federal Tax ID # - -	<u> _ </u> OR	Social Security # _	
Certification - Under penalties of perjury 1. The number shown on this form issued to me).			or I am willing for a number to be
 2. I am not subject to backup withh (a) I am exempt from backup w (b) I have not been notified by t a failure to report all interest (c) the IRS has notified me that 	rithholding, or the Internal Revenue S tor dividends, or	•	to backup withholding as a result of
The City of Raleigh is required to pay I charge these taxes on your invoices.	North Carolina state a		ase state whether you are set up to
Invoice Payment Terms: The City of Rany available discounts are indicated on		are Net 30 Days from t	the date of receipt of invoice, unless
If you operate a business within the city	limits of Raleigh, you	are required to have a C	ity of Raleigh Privilege License.
Does your company have a current City	of Raleigh Privilege L	icense?	Privilege License #:
Contact Person:		Title:	
Contact Phone #:		Extension #:	
Toll Free Phone #:		Extension #:	
Fax #:		Cell Phone #:	
Web Address:		Email:	
		NESS ENTERPRISI	E (MWBE)
To qualify for MWBE vendor status, 51% person or group). Owner:	% of the company mus	t be owned and controlle	
Indicate if you have previously been cer			
Please check the following that apply:			

	County (NC only):			
State:		Zip Code:		
Telephone #:		Extension #	t:	
Fax # to Receive PO's:				
Additional Addresses, if diffe	erent from above:)			
	¯o):			
State:		Zip Code:		
Telephone #:		FAX #:		
City:			le:	
Telephone #:				
Please attach a list of addit Accounts Payable, Physical Commodities: Please use	onal addresses, if needed by the Location, or Other).	commodities you se		
Please attach a list of addit Accounts Payable, Physical Commodities: Please use	onal addresses, if needed by the Location, or Other). the space below to describe the	commodities you se		
Please attach a list of addit Accounts Payable, Physical Commodities: Please use	onal addresses, if needed by the Location, or Other). the space below to describe the line cards or other information to	commodities you se	Il or the services you wish to provide t	